Cholecystotomy for Gall-Stones, performed on the Strength of Symptoms without Physical Signs.

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On October 25th of last year, I had the honour of reading before the Clinical Society of London, a paper based on fourteen cases of cholecystotomy. Since that time I have performed the operation nine times without a death, making in all twenty-three cases. In my former paper I gave brief histories of five cases operated upon on the strength of symptoms alone. I have now to add to that series two more cases, notes of which I give.

Mr. B. P——, aged twenty-nine, residing at Wyke, near Bradford, was sent to see me by my friend Dr. Dearden, early in June of last year, when he gave the following history:—He had been quite well up to twelve months ago, when he was seized whilst at work with a sudden attack of severe pain on the right side of the abdomen just below the ribs, which compelled him to return home. The attack lasted for several hours. No jaundice followed, and he was able to return to his duties

in a day or two. Ever since that time he had been subject to similar attacks, but on no occasion had he been jaundiced, and he had never noticed any swelling in the region of the liver. The attacks did not recur periodically, he having had once an interval of a month without an attack, whilst on other occasions he would have several in a week. On several occasions the spasms had come on when he was in bed. The attack which he had just previously to admission, lasted six hours. At no time had the motions been clay coloured or the urine specially dark. He was admitted to the infirmary on June 6th, in order that he might be watched for a time, but beyond having several attacks of pain of a similar character no physical signs were noticed. On June 19th cholecystotomy was performed. The gall-bladder was found to be small, and lying well under cover of the liver. One gall-stone was found loose in the gall-bladder, and five others were removed from the cystic duct by means of forceps within, aided by fingers on the outside of the duct. The gall-bladder was so far from the surface that the lower edge of the incision could not be brought to the parietal peritoneum, hence the omentum was made use of to shut out the general peritoneal cavity. This was effected by bringing up the right border of the omentum, stitching it to the incision in the gall-bladder, and then to the parietal peritoneum. A drainage tube was inserted into the gall-bladder, and bile commenced to flow as soon as the operation had been completed. On June 25th the drainage-tube and sutures were removed. On July 4th the discharge had diminished considerably. On the 12th the wound had almost healed, and on the 26th it had perfectly closed. The patient was seen in September, when he was looking and feeling perfectly well, and said that he had not had an attack of pain since the operation.

Mr. R——, aged fifty, was sent to see me by my friend, Dr. Britton, of Harrogate, in April of last year. He gave the history of having been perfectly well up to June, 1889, when he had a severe attack of pain in the region of the liver, which lasted for several days, but which was not followed by jaundice. He had no further attack until November, and between November and Christmas he had five similar seizures. Between January and his seeing me in April he had had seven attacks, only once having been slightly jaundiced, the yellowness of the eyes then only lasting three days. Having very little doubt that the attacks were due to gall stones, we had the motions carefully examined, and on May 5th, although there had been two attacks since Mr. R—— saw me in April, no gall stone had been found, although carefully searched for. It was thought that during the attacks of pain a swelling had been noticed on the right side of the abdomen, but this point was not very definite, and when I saw Mr. R—— there was an entire absence of physical signs. Cholecystotomy was recommended and performed on May 6th, when one gall stone, the size of a cherry, without any facets, was removed from the gall-bladder. Bile flowed at once, and the drainage tube was removed on the third day, the stitches being taken out on the eighth. At the end of a fortnight the wound had quite healed, and Mr. R—— returned to his home at the end of three weeks. He has remained quite well since, and is now in perfect health. The interest in this case lies in the fact that all the symptoms were dependent on the one calculus.

Besides these cases which I have operated on, I have seen a considerable number of patients whose symptoms were similar to the above, and where I made a diagnosis of cholelithiasis and recommended operation; and I believe that by far the greater number of patients who are suffer-

ing from repeated attacks of so called spasms, are in reality suffering from gall stones, and can therefore be relieved if their symptoms are so severe as to require active interference. It must always be borne in mind that unless the gall stones are small and can be passed, they tend to increase in size and number, and may ultimately lead to most serious complications, among which may be mentioned: (1) Exhaustion from repeated attacks of pain, (2) fatal collapse from acute agony (I have known in one case death to ensue from pain alone, as proved by *post-mortem* examination); (3) fatal jaundice, (4) dropsy of the gall-bladder, (5) empyema of the gall-bladder, (6) abscess of liver, (7) local peritonitis, (8) perforation of the gall-bladder or ducts, causing abscess, peritonitis, septicæmia, intestinal obstruction, or hæmorrhage. Bearing in mind these dangers of cholelithiasis, and knowing with what little risk the operation of cholecystotomy can be performed if done carefully and with due precautions, I have no hesitation in recommending operation whenever there are repeated attacks of biliary colic apparently due to gall stones, which do not yield to a definite course, not necessarily very prolonged, of medical treatment.

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